

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/807164</u>	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/		/				51					
2		/		/			52					
3		/		/			53					
4		3		/			54					
5		3		/			55					
6		0		/			56					
7		0		/			57					
8		0		/			58					
9		0		/			59					
10		0		/			60					
11		0		/			61					
12		0		/			62					
13		0	/				63					
14		0		/			64					
15		0		/			65					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			2				TOTAL IND.					
TOTAL DEP.			16				TOTAL DEP.					
TOTAL CLAIMS			18				TOTAL CLAIMS					